

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/019666

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5						
6	1					
7						
8						
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46						
47						
48						
49						
50						
TOTAL IND.	48					
TOTAL DEP.	4					
TOTAL CLAIMS	7					

CLAIMS	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
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58				
59				
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77	BEST AVAILABLE COPY			
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99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				